

2015-10-09 14:03 Dept of Health-HCF

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/08/2015

FORM APPROVED

OMB NO. 0838-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER

CENTER ON AGING AND HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE

880 SOUTH MOHAWK DRIVE

ERWIN, TN 37650

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p><u>Statement of Compliance:</u></p> <p>To remain in compliance with all Federal and State regulations, The Center on Aging and Health has taken or will take the actions set forth in this POC. The POC constitutes the Center's allegation of compliance such that all alleged deficiencies cited have or will be corrected by the dates indicated.</p> <p>F 441</p> <p>CNA #1 was re-educated on the handwashing policy.</p> <p>Facility staff will be re-educated by the Quality Assurance Nurse or Nurse Manager on the handwashing policy.</p> <p>In service will be added to the orientation packet.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Christopher A. Gaddy Administrator 10/14/15

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's policies and procedures provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CENTER ON AGING AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650	

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F 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to sanitize or wash the hands while serving meals for 1 of 3 dining observations and failed to maintain a sanitary environment during incontinence care before a dressing change for 1 resident (#317) of 4 residents reviewed for pressure ulcers and urinary catheter use.</p> <p>The findings included:</p> <p>Observation in the main dining room on 9/28/16 at 12:30 PM revealed Certified Nursing Assistant (CNA) #1 preparing residents food trays. Further observation revealed the CNA placed two packages of sugar in the resident's coffee cup, threw the packages of sugar in the trash can by lifting the lid off of the garbage can, then stirred the sugar in the resident's coffee cup and served the coffee to the resident. Further observation revealed the CNA failed to wash or sanitize the hands after touching the dirty trash can and lid prior to serving the coffee to the resident.</p> <p>Interview with CNA #1 on 9/28/15 at 12:35 PM, in the dining room, confirmed the CNA failed to wash or sanitize the hands after touching the dirty trash can and prior to serving the coffee to the resident.</p> <p>Interview with the Director of Nursing (DON) on 9/28/15 at 12:45 PM, in the dining room hallway, confirmed the CNA failed to follow hand hygiene practices.</p> <p>Medical record review revealed Resident #317 was admitted to the facility on 11/26/13 with</p>	F 441	<p>The Quality Assurance Nurse or Nurse Manager will make 15 observations per month of the dining room to ensure proper handwashing techniques are being followed. Any problems identified will be immediately corrected.</p> <p>The observations will be monitored in the Quality Assurance Committee meeting on a monthly basis for one year.</p> <p>The Quality Assurance Committee (made up of the Administrator, Director of Nursing, Medical Director, Quality Assurance Nurse, Pharmacist and Facility Department Managers) retain the right to change, revise, or eliminate this program as seen necessary by the committee.</p> <p>Resident #317 had pillow removed and replaced with a clean pillow.</p> <p>CNA #1 and CNA #2 were reeducated on the correct infection control procedures when providing peri-care.</p>	

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F 441	<p>Continued From page 2</p> <p>diagnoses including Pressure Ulcer, Fractured Femur, Muscle Weakness, and Pneumonia.</p> <p>Medical record review of a Significant Change Minimum Data Set (MDS) dated 9/23/15 revealed the resident was cognitively impaired and required extensive assistance with activities of daily living.</p> <p>Observation on 9/30/15 at 10:45 AM, in the resident's room, revealed CNA #2 and CNA #3 providing incontinence care for the resident. Continued observation revealed CNA #2 took the soiled cloth incontinence pad from underneath the resident and placed the soiled incontinence pad in the clean chair on top of a clean pillow. Further observation revealed after the incontinence care was completed, CNA #2 took the soiled incontinence pad off the pillow, placed the pillow underneath the resident's legs where the resident's urinary catheter was located, and placed the soiled incontinence pad in the resident's chair.</p> <p>Interview with CNA #1 on 9/30/15 at 10:55 AM, in the resident's room, confirmed the contaminated incontinence pad was placed on a clean pillow in the resident's chair. Further interview confirmed the CNA used the same contaminated pillow underneath the resident's legs where the urinary catheter was located and then placed the contaminated incontinence pad in the resident's chair.</p> <p>Interview with the DON on 9/30/15 at 11:05 AM, in the conference room, confirmed the CNA failed to follow infection control practices.</p>	F 441	<p>The Quality Assurance Nurse or Nurse Manager will reeducate CNAs on the correct infection control procedures when providing peri-care.</p> <p>In service will be added to the orientation packet.</p> <p>The Quality Assurance Nurse or Nurse Manager will make 10 observations of peri-care per month to ensure correct infection control procedures are being followed. Any problems identified will be immediately corrected.</p> <p>The observations will be monitored in the Quality Assurance Committee meeting on a monthly basis for one year.</p> <p>The Quality Assurance Committee (made up of the Administrator, Director of Nursing, Medical Director, Quality Assurance Nurse, Pharmacist and Facility Department Managers) retain the right to change, revise, or eliminate this program as seen necessary by the committee.</p> <p>Completion Date: 10/30/2015</p>	